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Page 4 Advisory 2 MIEC Loss Prevention Managing Your Practice AUTHORIZATION TO RELEASE MEDICAL INFORMATION Date: Patient's Name: To: , MD

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Background Drug Information Drug Name (active Ingredient): Advair HFA (NDA 21,254; Fluticasone Propionate/salmeterol Xinafoate)

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State Of California Division Of Workers' Compensation Workers' Compensation Appeals Board Application For Adjudication Of Claim Applicant (if Other Than Injured Worker)

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